	AHCCCS Requested Flexibilities	CMS Approval Status	Implementation Status (In Progress/Implemented/ Not Implemented)
	1135 Waiver		
1	Permit providers located out-of-state to offer both emergency and non-emergency care to Arizona Medicaid and CHIP enrollees	Approved	Implemented
2	Streamline provider enrollment requirements for out of state providers	Approved	Implemented
3	Suspend revalidation of providers who are located in-state or otherwise directly impacted by the emergency.	Approved	Implemented
4	Waive the requirement that physicians and other healthcare professionals be licensed in Arizona, to the extent consistent with state law.	Approved	Implemented
5	Waive payment of the provider enrollment application fee	Approved	Implemented
6	Waive requirements for site visits to enroll a provider	Approved	Implemented
7	Suspend Medicaid Fee-for-Service prior authorization requirements.	Approved	Implemented
8	Require Fee-for-Service providers to extend existing prior authorizations for the duration of the emergency.	Approved	Implemented
9	Suspend pre-admission screening and annual resident review (PASRR) Level I and Level II assessments.	Approved	Implemented
	Disaster Relief SPAs (Medicaid & CHIP)		
10	CHIP: Under section 1135, modify the tribal consultation process by shortening the number of days before submission of the SPA and/or conducting consultation after submission of the SPA.	Submitted, not yet approved.	
11	CHIP : At State discretion, requirements related to timely processing of applications may be temporarily waived for CHIP applicants who reside and/or work in a State or Federally declared disaster area.	Submitted, not yet approved.	
12	CHIP: At State discretion, it may temporarily provide continuous eligibility to CHIP enrollees who reside	Submitted,	

	and/or work in a State or Federally declared disaster area	not yet approved.	
13	CHIP : At State discretion, requirements related to timely processing of renewals and/or deadlines for families to respond to renewal requests may be temporarily waived for CHIP beneficiaries who reside and/or work in a State or Federally declared disaster area.	Submitted, not yet approved.	
14	CHIP: At State discretion, the requirement that a child is ineligible for CHIP for a period of three months from the date of the voluntary discontinuance of employer-sponsored group health insurance or individual insurance coverage may be temporarily waived for CHIP applicants who reside and/or work in a State or Federally declared disaster area.	Submitted, not yet approved.	
15	CHIP : At State discretion, premiums or enrollment fees and co-payments may be temporarily waived for CHIP applicants and/or existing beneficiaries who reside and/or work in a State or Federally declared disaster area.	Submitted, not yet approved.	
16	CHIP:At State discretion, premiums may be waived for CHIP applicants and/or beneficiaries who meet income and other eligibility requirements and who reside and/or work in Governor or FEMA declared disaster areas for a specified period of time.	Submitted, not yet approved.	
17	CHIP: Exception to Disenrollment for Failure to Pay Premiums—At State discretion, premiums may be waived for CHIP applicants and/or beneficiaries who meet income and other eligibility requirements and who reside and/or work in Governor or FEMA declared disaster areas for a specified period of time. The premium balance will be waived if the family is determined to have been living or working in FEMA or Governor declared disaster areas based on self-declared application information or other documentation provided by the family.	Submitted, not yet approved.	
18	Medicaid: Waiver from Tribal Consultation and public notice requirements	Approved	Implemented
19	Medicaid: The state will cover the new optional group pursuant to 1902(a)(10)(A)(ii)(XXIII). (100% FMAP for uninsured)	Approved	In Progress
20	Medicaid: 12 months of continuous eligibility for children up to 19 regardless of changes in circumstance.	Approved	Implemented
21	Medicaid: Suspend deductibles, copayments, coinsurance, and other cost sharing charges for all beneficiaries for the duration of the emergency.	Approved	Implemented
22	Medicaid: Prior authorization for medications is expanded by automatic renewal without clinical review, or time/quantity extensions	Approved	Implemented
23	Medicaid: The agency may make exceptions to published Preferred Drug List if drug shortages occur. This would include options for covering a brand name drug product that is a multi-source drug if a generic drug	Approved	Implemented

	option is not available.		
24	Medicaid: Flexibility allowing for other provider types to order Home Health services throughout the duration of the declared emergency.	Approved	In progress
25	Medicaid: Extending state plan paid "bed hold" days to a max of 30 days.	Approved	In progress
	1115 Waiver & Appendix K		
	1113 Walver & Appendix K		
	1115 Waiver		
26	Expand the current limit for respite hours to 720 hours per benefit year (current limit: 600 hours per benefit year)	Approved	Implemented
27	Expand the provision of home delivered meals to all eligible populations	Submitted, not yet approved	
28	Provide temporary housing, not to exceed six months, if a beneficiary is homeless or is at imminent risk of homelessness and has tested positive for COVID-19.	Submitted, not yet approved	
29	Authority to make retainer payments to all providers types as appropriate, including but not limited to HCBS providers.	Submitted, not yet approved	
30	Allow Arizona to provide continuous coverage for CHIP beneficiaries, for the duration of the emergency period, regardless of any changes in circumstances or redeterminations at scheduled renewals that otherwise would result in termination.	Submitted, not yet approved	
	Appendix K		
31	Permit payment for home and community based services (HCBS) rendered by family caregivers or legally responsible individuals	Approved	In Progress (MCO)
32	Remove the current hourly service limitation for the Spouse as Paid Caregiver Program for duration for the emergency period (currently, spouses can render no more than 40 hours of services in a 7-day period).	Approved	In Progress (MCO)
33	Authority to make retainer payments to habilitation and personal care providers	Approved	In Progress
34	Authority for long-term care services and supports for impacted individuals even if services are not timely updated in the plan of care, or are delivered in alternative settings	Approved	In Progress

35	Add an electronic method of service delivery (e.g., telephonic) allowing services to continue to be provided remotely in the home setting for: Case managers Personal care services that only require verbal cueing In-home habilitation	Approved	Implemented (MCO); In Progress (FFS)
36	Authority to expand the provision of home delivered meals to long term care members enrolled in the Arizona Long Term Care System (ALTCS) Department of Economic Security/Division of Developmental Disabilities (DES/DDD)	Approved	In Progress
37	Authority to modify service providers for home-delivered meals to allow for additional providers, including non-traditional providers	Approved	In Progress
38	Allow case management entities to provide direct services in response to COVID-19	Approved	Not Implemented; will continue to assess need
39	Extend reassessments and reevaluations for up to one year past the due date, if needed	Approved	In Progress
40	Allow the option to conduct evaluations, assessments, and person-centered service planning meetings virtually/remotely in lieu of face-to-face meetings	Approved	Implemented (MCO); In Progress (FFS)
41	Adjust prior approval/authorization elements approved in waiver	Approved	Implemented
42	Adjust assessment requirements	Approved	Not Implemented; will continue to assess need
43	Add an electronic method of signing off on required documents such as the person-centered service plan.	Approved	Implemented (MCO); In Progress (FFS)
44	Temporarily expand setting(s) where services may be provided (e.g. hotels, shelters, schools, churches)	Approved	In Progress
45	Temporarily allow for payment for services for the purpose of supporting waiver participants in an acute care hospital or short-term institutional stay when necessary supports (including communication and intensive personal care) are not available in that setting, or when the individual requires those services for communication and behavioral stabilization, and such services are not covered in such settings.	Approved	In Progress (MCO)